

PERMITTEE NAME/ADDRESS  
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NAME

FACILITY

LOCATION

GMG46  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

DRILLING FLUIDS  
AQUEOUS

MONITORING PERIOD  
FROM MO DAY YEAR TO MO DAY YEAR

NO DISCHARGE

6	PARAMETER		7			8			10	11	12	13	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
	DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(20)				
	04311 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	30000	*****	*****	PPM		SEE PERMIT	GRAB	
	Effluent Gross Value					DAILY MN							
	DRILLING FLUID	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(20)				
	96-HR LC50	PERMIT REQUIREMENT	*****	*****	*****	30000	30000	*****	PPM		ONCE/MONTH	GRAB	
	04312 1 0 0					DAILY MN	MO AVG						
	Effluent Gross Value												
	CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(69)				
	78244 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	3.0	*****	MG/KG		SEE PERMIT	CK REQ	
	Effluent Gross Value						QTR MAX						
	MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(69)				
	78245 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	*****	MG/KG		SEE PERMIT	CK REQ	
	Effluent Gross Value						QTR MAX						
	DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(1M)				
	82589 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	# DAYS		ONCE PER WEEK	GRAB	
	Effluent Gross Value						QTR TOTAL						
	DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT	*****	*****	(99)	*****	*****	*****					
	82592 1 0 0	PERMIT REQUIREMENT	*****	1000	*****	*****	*****	*****			DAILY	ESTIMA	
	Effluent Gross Value			MX HR RT	BBL/HR								
	DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT	*****	*****	(1N)	*****	*****	*****					
	82594 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE/MONTH	ESTIMA	
	Effluent Gross Value			REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****					
	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							16		17		
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
											MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS  
ENTER "NODI=9" FOR ANY LINE NOT NEEDED.

REFERENCE ALL ATTACHMENTS HERE